



**GOVERNOR GUINN
MILLENNIUM SCHOLARSHIP PROGRAM**

CHANGE OF NAME REQUEST

I request to change my name:

From _____

To _____

Effective date _____

New address _____
(if applicable) **Address**

City **State** **Zip Code**

Phone number _____

Email Address _____

Student Signature

Millennium Scholarship Identification Number (MSID)

Please include supporting legal documentation for the name change. Example:
Copy of your marriage certificate or legal documentation stating new change of
name. Forms must be attached to process change.

If you have any questions please contact the Governor Guinn Millennium Scholarship
office at (702) 486-3383 or toll-free at (888) 477-2667.

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